

IN THE UNITED STATES DISTRICT COURT
FOR THE EASTERN DISTRICT OF TEXAS
LUFKIN DIVISION

Form To Be Used By A Prisoner in Filing a Complaint
Under the Civil Rights Act, 42 U.S.C. § 1983

FILED
U.S. DISTRICT COURT
EASTERN DISTRICT OF TEXAS

MAR 15 2011

BY DAVID J. MALAND, CLERK
DEPUTY

GEORGE CLARK JR.

Plaintiff's name and ID Number

EASTHAM UNIT, LOVELADY, TX

Place of Confinement

CASE NO: 9:11cv42 MAC/JKG

(Clerk will assign the number)

v.

1. Dr. Edward Fomby
Defendant's name and address
2. Mark Roberts
3. LuAnn Renner
Defendant's name and address
4. John Allen
5. University of Texas Medical Branch Correctional Managed Health CARE
Defendant's name and address
(DO NOT USE "ET AL.")
6. Shanta Crawford

INSTRUCTIONS - READ CAREFULLY

NOTICE:

Your complaint is subject to dismissal unless it conforms to these instructions and this form.

1. To start an action you must file an original and one copy of your complaint with the court. You should keep a copy of the complaint for your own records.
2. Your complaint must be legibly handwritten in ink, or typewritten. You, the plaintiff, must sign and declare under penalty of perjury that the facts are correct. If you need additional space, **DO NOT USE THE REVERSE SIDE OR BACK SIDE OF ANY PAGE.** ATTACH AN ADDITIONAL BLANK PAGE AND WRITE ON IT.
3. You must file a separate complaint for each claim you have unless the various claims are all related to the same incident or issue or are all against the same defendant, Rule 18, Federal Rules of Civil Procedure. Make a short and plain statement of your claim, Rule 8, Federal Rules of Civil Procedure.
4. When these forms are completed, mail the original and one copy to the Clerk of the United States Court for the appropriate District of Texas in the Division where one or more named defendants are located, or where the incident giving rise to your claim for relief occurred. The list labeled as "VENUE LIST" is posted in your unit law library. It is a list of Texas prison units indicating the appropriate District Court, the Division and an address of the Divisional Clerks.

FILING FEE AND IN FORMA PAUPERIS

1. In order for your complaint to be filed, it must be accompanied by the filing fee of **\$350.00**.
2. If you do not have the necessary funds to pay the filing fee in full at this time, you may request permission to proceed *in forma pauperis*. In this event you must complete the application to proceed *in forma pauperis* (IFP), setting forth the information to establish your inability to prepay the fees and costs or give security therefore. You must also include a six (6) month history of your Inmate Trust Account. You can acquire the application to proceed IFP and appropriate Inmate Account Certificate from the law library at your prison unit.
3. 28 U.S.C. 1915, as amended by the Prison Litigation Reform Act of 1995 (PLRA), provides, "...if a prisoner brings a civil action or files and appeal *in forma pauperis*, the prisoner shall be required to pay the full amount of a filing fee." Thus, the Court is required to assess and, when funds exist, collect, the entire filing fee or an initial partial filing fee and monthly installments until the entire amount of the filing fee has been paid by the prisoner. If you submit the application to proceed *in forma pauperis*, the Court will apply 28 U.S.C. 1915 and, if appropriate, assess and collect the entire filing fee or an initial partial filing fee, then monthly installments from your Inmate Account, until the entire **\$350** filing fee has been paid.
4. If you intend to seek *in forma pauperis* status, then do not send your complaint without an Application to Proceed IFP, and the Certificate of Inmate Trust Account. Complete all the essential paperwork before submitting it to the Court.

CHANGE OF ADDRESS

It is your responsibility to inform the Court of any change of address and its effective date. Such notice should be marked "NOTICE TO THE COURT OF CHANGE OF ADDRESS" and shall not include any motions(s) for any other relief. Failure to file a NOTICE TO THE COURT OF CHANGE OF ADDRESS may result in the dismissal of your complaint pursuant to Rule 41(b), Federal Rules of Civil Procedures.

I. PREVIOUS LAWSUITS:

- A. Have you filed any other lawsuits in the state or federal court relating to imprisonment? X YES NO
- B. If your answer to "A" is yes, describe each lawsuit in the space below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, giving the same information.)
 1. Approximate date of filing lawsuit: November 2007
 2. Parties to previous lawsuit:
Plaintiff(s): George Clark, JR.
Defendant(s): Drs. Rainer, Williams. Kristi Dudley
 3. Court (If federal, name the district; if state, name the county) Eastern District
 4. Docket Number: 9:07cv290
 5. Name of judge to whom case was assigned: Honorable Judith Guthrie
 6. Disposition: (Was the case dismissed, appealed, still pending?)
 Dismissed
 7. Approximate date of disposition: February 2008

II. PLACE OF PRESENT CONFINEMENT: Eastham Unit, Lovelady, TX

III. EXHAUSTION OF GRIEVANCE PROCEDURES:

Have you exhausted both steps of the grievance procedure in this institution? X YES NO

Attach a copy of the Step 2 grievance with the response supplied by the prison system.

IV. PARTIES TO THE SUIT:

A. Name of address of plaintiff: GEORGE CLARK, EASTHAM UNIT, LOVELADY, TX
XX
XX

B. Full name of each defendant, his official position, his place of employment, and his full mailing address.

Defendant #1: Dr. Edward Fomby, Eastham Unit, Lovelady, TX , Dentist
Deliberate indifference to my pain and suffering due to dental needs

Briefly describe the act(s) or omission(s) of this defendant, which you claimed harmed you.
Deliberate indifference to my pain and suffering due to dental needs.

Defendant #2: Mark Roberts, Eastham Unit, Lovelady, TX
UTMB-CMHC Manager

Briefly describe the act(s) or omission(s) of this defendant, which you claimed harmed you.
Deliberate indifference to my pain and suffering due to dental needs

Defendant #3: LuAnn Renner, Huntsville, TX , TDCJ Health Services Div.
Investigator II, Patient Liason

Briefly describe the act(s) or omission(s) of this defendant, which you claimed harmed you.
Deliberate Indifference to my pain and suffering due to dental needs

Defendant #4: John Allen, 2201 Market Street, Galveston, TX.
UTMB Correctional Care Manager

Briefly describe the act(s) or omission(s) of this defendant, which you claimed harmed you.
Deliberate Indifference to my pain and suffering due to dental needs

Defendant #5: University of Texas Mediacal Branch Correctional Managed
Health Care, Galveston, TX

Briefly describe the act(s) or omission(s) of this defendant, which you claimed harmed you.
Inadeuately trained employess and inadequately established policies

Defendant #6: Shanta Crawford, Eastham Unit, Lovelady, TX
Eastham Practice Manager.
Deliberate Indifference to my pain and suffering due to dental needs

V. STATEMENT OF CLAIM:

State here in a short and plain statement the facts of your case, that is, what happened, where did it happen, when did it happen, and who was involved. Describe how each defendant is involved. You need not give any legal argument or cite any cases of statutes. If you intent to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach extra pages if necessary, but remember that the complaint must be stated briefly and concisely. IF YOU VIOLATE THIS RULE, THE COURT MAY STRIKE YOUR COMPLAINT.

Following dental treatment, which included oral surgery and tooth extractions, the defendant Dr. Fomby caused my bottom denture plate to be realigned and adjusted by adding false teeth without first taking an impression to ensure proper fit. The adjusted plate did not fit properly after the adjustments and caused me extreme pain and mouth sores from wearing it. I could no longer eat properly with the plate, and every time I bit down on it, it would cut into my gums. I complained to each of the defendants and informed them of my extreme pain and physical suffering due to the improperly fitted denture plate. They each repeatedly ignored my complaints and/or failed to take appropriate action to alleviate my undue pain and suffering by replacing the denture.

VI. RELIEF: State briefly exactly what you want the court to do for you. Make no legal arguments. Cite not cases or statutes.

Compensatory damages individually and severally. Punitive damages, an injunction ordering my dentures be properly fitted or replaced.

VII. GENERAL BACKGROUND INFORMATION:

A. State, in complete form, all names you have ever used or been known by including any and all aliases:

George Clark JR,

B. List all TDCJ-ID identification numbers you have ever been assigned and all other state or federal prison or FBI numbers ever assigned to you, if know to you.

#578609 - #261987

VIII. SANCTIONS:

A. Have you been sanctioned by any court as a result of any lawsuit you have filed? ____ YES x NO

B. If your answer is "yes", give the following information for every lawsuit in which sanctions were imposed. (If more than one, use another piece of paper and answer the same questions.)

1. Court that imposed sanctions (If federal, give district and division): _____

2. Case Number: _____

3. Approximate date sanctions were imposed: _____

4. Have the sanctions been lifted or otherwise satisfied? ____ YES ____ NO

- C. Has any court ever warned or notified you that sanctions could be imposed? ____ YES x NO
- D. If your answer is "yes", give the following information for every lawsuit in which warning was imposed. (If more than one, use another piece of paper and answer the same questions.)

1. Court that imposed warning (if federal, give the district and division): _____
2. Case number: _____
3. Approximate date warning were imposed: _____

Executed on: 03-11-2011
(Date)

George Clark, Jr.
(Printed Name)
George Clark, Jr.
(Signature of Plaintiff)

PLAINTIFF'S DECLARATIONS

1. I declare under penalty of perjury all facts presented in this complaint and attachment thereto are true and correct.
2. I understand if I am released or transferred, it is my responsibility to keep the Court informed of my current mailing address and failure to do so may result in the dismissal of this lawsuit.
3. I understand that I must exhaust all available administrative remedies prior to filing this lawsuit.
4. I understand I am prohibited from bringing an *in forma pauperis* lawsuit if I have brought three or more civil actions in a Court of the United States while incarcerated or detained in any facility, which lawsuits are dismissed on the ground they were frivolous, malicious, or failed to state a claim upon which relief may be granted, unless I am under imminent danger or serious physical injury.
5. I understand even if I am allowed to proceed without prepayment of costs, I am responsible for the entire \$350 filing fee and costs assess by the Court, which shall be deducted in accordance with the law from the inmate account by my custodian until the filing fee is paid.

Signed this Friday 11th day of March, 20 11.
(Day) (Month) (Year)

George Clark, Jr.
(Printed Name)
George Clark, Jr.
(Signature of Plaintiff)

WARNING: The Plaintiff is hereby advised any false or deliberately misleading information provided in response to the following questions will result in the imposition of sanctions. The sanctions the Court may impose include, but are not limbed to monetary sanctions and/or the dismissal of this action with prejudice.



Texas Department of Criminal Justice
STEP 2
OFFENDER
GRIEVANCE FORM

Offender Name: Clark, George TDCJ # 00578609
Unit: EA Housing Assignment: 10-019
Unit where incident occurred: EA

OFFICE USE ONLY

Grievance #: 0010150261
UGI Recd Date: JUN 03 2010
HQ Recd Date: JUN 08 2010
Date Due: 7-18
Grievance Code: 012
Investigator ID #: 3520
Extension Date: 9-1

You must attach the completed Step 1 Grievance that has been signed by the Warden for your Step 2 appeal to be accepted. You may not appeal to Step 2 with a Step 1 that has been returned unprocessed.

Give reason for appeal (Be specific). *I am dissatisfied with the response at Step 1 because...*

This Step One response has not sufficiently addressed my complaint. Prior to my denture being sent to Ellis Unit by Mr. Fomby, they fit me properly and I was able to eat my meals. The fact is that no alterations should have been made to my denture without first taking a new impression to make allowances for the teeth that were pulled. There is no proper way to adjust dentures without an impression when teeth have been removed, and because that was done to mine I am no longer able to wear dentures that I have had for several years. I am requesting that I have new impressions taken and dentures made from those impressions so I can once again properly eat.

Offender Signature: George Clark Jr. Date: 06-01-2010

Grievance Response:

The Step 1 alleges your dentures were altered by dental due to additionally extractions and that they no longer fit properly. No date was provided regarding your allegation to assist in the investigation of your complaint.

Appellate review of your clinical record, for the grievable time period, reveals no documented Sick Call Requests to dental with your complaint of your dentures not longer fitting. However, the record does document that you were seen by dental on 4-29-2010 for oral surgery to remove the new bone which formed after your tooth extractions, resulting in you not being able to wear your dentures due to pain. There is no documentation regarding how your dentures fit. Since then you have been seen numerous times and your denture has been re-lined. On 8-9-2010 it is documented that the denture policy was explained to you and you had your dentures adjusted again.

Per the Offender Orientation Handbook, you only have 15 days from the date of the alleged incident or occurrence of the incident to complete and forward the grievance to the Unit Grievance Investigator. Because you failed to provide a specific date regarding your allegation, your clinical record was initially reviewed for the 15 days prior to the filing of the Step 1. You may wish to review the handbook for further information and education. In order to expedite resolution of medical complaints, you are encouraged to utilize the facility's medical complaints process by contacting the facility medical complaints coordinator before filing a grievance. No further action through the grievance mechanism is warranted.

Signature Authority: Guy Smith

Date: 8-12-10

Returned because: **Resubmit this form when corrections are made.*

- ☐ 1. Grievable time period has expired.
- ☐ 2. Illegible/Incomprehensible. *
- ☐ 3. Originals not submitted. *
- ☐ 4. Inappropriate/Excessive attachments. *
- ☐ 5. Malicious use of vulgar, indecent, or physically threatening language.
- ☐ 6. Inappropriate. *

CGO Staff Signature: _____

OFFICE USE ONLY

Initial Submission CGO Initials: _____

Date UGI Recd: _____

Date CGO Recd: _____

(check one) ☐ Screened ☐ Improperly Submitted

Comments: _____

Date Returned to Offender: _____

2nd Submission CGO Initials: _____

Date UGI Recd: _____

Date CGO Recd: _____

(check one) ☐ Screened ☐ Improperly Submitted

Comments: _____

Date Returned to Offender: _____

3rd Submission CGO Initials: _____

Date UGI Recd: _____

Date CGO Recd: _____

(check one) ☐ Screened ☐ Improperly Submitted

Comments: _____

Date Returned to Offender: _____

Ge
Fax
2665 Prison Road #1
Houston, Texas 75851-5609

Clock:
United States District Court,
Eastern District of Texas,
Lufkin Division;
104 N. Third Street;
Lufkin, Texas 75901

